

DIVISION OF FIRE SAFETY
P.O. Box 844
Jefferson City, MO 65102



Authorization For Release Of Information

I, (Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certification.

I further authorize all law enforcement agencies, U.S. Military, Federal, State and or local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment in this course and certification exam results only to the Chief Officer or his designee of my organization.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Date of Birth _____ SSN _____

Drivers License Number _____ State _____

Signature

Date